Office of Boat Registration & Licensing 3rd Floor- Room 360 (401)222-6647

RI Party & Charter Boat License Application Expiration February 28, 2006 Fee \$25.00

Name of Applicant:			DOB:		
Addr	ess:	City:	State:	Zip:	
Heig	ht: Weight:	Hair Color:	Eye Color:		
Nam	e of Vessel:				
perio		or(s) & crew member(s) be ense is valid, DEM Office of days:			
					÷
If ad	ditional space is re	 quired, please attach a sep	parate sheet.		_
1. / 2. / 3. 3. 4. /	complies with the Federal Government's 46CFR "Drug Testing Program" regulations.				
Unde	er penalty of law, I	hereby certify that the abo	ove information is tru	e and correct.	
		D	ate:		
	ature of Applicant e of Rhode Island, rn and subscribed b	County of perfore me on this	day of	_, 20	
 Nota	ry Public	My Commission I	(Seal) Expires		

Please make all check or money orders payable to State of RI - DEM